DAILY MEAL COUNT SHEET

Name of Center: _____   Month/Yr. _____

	No. of Meals Served to Enrolled Children							No. of Meals Served to Adults						
Date	Breakfast	A.M. Snack	Lunch	P.M. Snack	At-Risk Snack	Supper	Nite Snack	Breakfast	A.M. Snack	Lunch	P.M. Snack	At-Risk Snack	Supper	Nite Snack
Subtotal														
Infant Total from reverse side*														
Total														

DAILY MEAL COUNT SHEET

Reminders: *If claiming infant meal, use reverse side. The total infant meal must be added and indicated on the corresponding line item of the claim

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Name of Center: _____   Month/Yr. _____

No. of Meals Served to Infants

Date	Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Nite Snack
Infant Total						
Transfer total to reverse side						

Reminders: *If claiming infant meal, use reverse side. The total infant meal must be added and indicated on the corresponding line item of the claim

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